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April 16, 2009

FACSIMILE COVER SHEET

Page 1 of 24

TO:	RE:
Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application No. 10/530,504 Filed: April 6, 2005
TELEPHONE:	FACSIMILE:
(571) 272-3766 Examiner: Carlos Ortiz-Rodriguez	(571) 273-8300

MESSAGE

The following documents are submitted with this Cover Sheet:

Request for Continued Examination (RCE) Transmittal Amendment Pursuant to 37 C.F.R. §1.114
Transmittal Sheet

CONFIDENTIALITY NOTE:

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PLEASE CONFIRM THE SAFE RECEIPT OF THIS TRANSMISSION

Attorney's Reference: CIRTESS.D12

In re the Application of: Claude BARLIER, ET AL.

6109754436

Application No.: 10/530,504

Filing Date: April 6, 2005

For: MECHANICAL COMPONENT HAVING AT LEAST ONE FLUID TRANSPORT

CIRCUIT AND METHOD FOR DESIGNING SAME IN STRATA

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Small Entity

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Other than Could Catable

Sir:

Transmitted herewith is an Amendment for the above-identified application.

- [X] Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has previously been established.
- [X] A "Request for Continued Examination (RCE) Transmittal" is enclosed. Also enclosed is the fee (\$405.00) required for filing this Request under 37 C.F.R. §1.17(e).
- [] No additional fee for claims is required.

	(Col. 1)		(Co1, 2)		(Ço], 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	ADDITIONAL FEE	<u>OR</u>	ADDITIONAL FEE
TOTAL	44	MINUS	24	_=_	20	× 26 = \$ 520.00		× 52 = \$
INDEPENDENT	1	MINUS	3	_=	0	x 110 = \$		× 220 = \$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ 195 = \$		+ 390 = \$
						TOTAL = \$ 520.00	<u> </u>	TŌTAL = \$

[X] It is hereby petitioned for an extension of time in accordance with 37 C.F.R. §1.135(a). appropriate fee required by 37 C.F.R. §1.17 is calculated as shown below.

Small Entity	Other than Small Entity
Response filed within:	Response filed within:
[] first - \$ 65.00	[] first - \$ 130.00
[] second - \$245.00	[] second - \$ 490.00
[X] third - \$555.00	[] third - \$1,110.00
[] fourth - \$865.00	[] fourth - \$1,730.00
month after time period set	month after time period set

- [X] Please charge my Deposit Account No. 03-2405 in the amount of \$ 1,480.00 .
- [] A check in the amount of \$___ ___ is attached.
- [X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-2405. A duplicate copy of this sheet
 - [X] Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.
 - [X] Any patent application processing fees under 37 C.F.R. §1.17.

Apri	1	16,	2009	
(date)				

COHEN, ESQ. Reg. No. 28,834 Attorney for Applicants Telephone: (610) 975-4430